COMBINED DECLARAPPLICATION WITH			ATTORNEY'S DOCKET PU4724USw First Names Inventor: David Gene BARRETT	
Declaration submitted with initial f	filing or			Complete if known: App No.:
) Declaration submitted after initial	filing (surcharge re	equired 37CFR1.16(e))		Filing Date
				Group Art Unit:
As below named	inventor. I here	by declare that:		1
My residence, post office	address and citiz	enship are as stated belo	w next to my name.	
			e is listed below) or an original, in its seem is seemed and for which a patent is seemed.	
DERIVATIVES OF 1-		CETYL) PENTYLCA THE TREATMENT OI	RBAMATE AS CATHEPSIN F BONE LOSS	K INHIBITORS FOR
the specification of which	(check only one	item below):		
[]is attached hereto. OR [X] was filed on <u>01 Apr</u>	il 2003 as Unite	d States application Seri	al No or PCT In	ternational
Application Number PC applicable)	T/US03/09893 f	iled and was amended or	ı (MM/DD/YYYY)	(if
I hereby state that I have as amended by any amended			he above-identified specification	n, including the claims,
I acknowledge the duty to	disclose informa	ation which is material to	patentability as defined in 37 C	CFR §1.56.
hereby claim foreign priority ben eventor's certificate or 365(a) of a tates of America, listed below an ertificate or of any PCT internation	iny PCT internati d have also ident onal application h	onal application which of ified below, by checking naving a filing date before	esignated at least one country of the box, any foreign application e that of the application on whic	her than the United for patent or inventor's
RIOR FOREIGN AND ANY P				
Prior Foreign Application Number (s)		Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
•				
hereby claim the benefit under T	itle 35 United St	ates Code 8119(e) of an	United States provisional appli	cation(s) listed below:
Application No.	ine 33, omica ot		(MM/DD/YYYY)	cation(s) listed below.
. 60/371,524			1/10/2002	

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4724USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, 1 acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION	or PCT PARENT APPLICAT			
			STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347

David J. Levy
Corporate Intellectual Property
GlaxoSmithKline
Five Moore Drive, PO Box 13398

Direct Telephone Calls to:

John Lemanowicz
919-483-8247

Research Triangle Park, NC 27709-3398 \
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BARRETT \	David	Gene
	INVENTOR'S	Signature		Dia
	SIGNATURE	K Wille But		X24 Sep. 2004
٥	RESIDENCE &	Norderstedt) Henztedt- Uzburg)	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	(Norderstede) Henztedt- (12bu :)	DE:	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1 1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1		Five Moore Drive, PO Box 13398	i	
_	FULL NAME	PAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CATALANO	John	G
1 -	INVENTOR'S	Signature	· · · · · · · · · · · · · · · · · · ·	Date:
1	SIGNATURE			
1 0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
l Č	CITIZENSHIP	Durham	l NC!	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
-		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DEATON	David	Norman
1 -	INVENTOR'S	Signature		Date:
	SIGNATURE			
1 0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham	NC	
•	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAMEANITIAL
1 2	OF INVENTOR	MILLER	Aaron	Bayne
1 -	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

ATTORNEY'S DOCKET NUMBER COMBINED DECLARATION FOR UTILITY or DESIGN PU4724USw PATENT APPLICATION WITH POWER OF ATTORNEY Continued FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL FAMILY NAME FULL NAME RAY John A. OF INVENTOR Signature **INVENTOR'S SIGNATURE** CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 0 **RESIDENCE &** NC US Durham CITIZENSHIP POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY CITY POST OFFICE Research Triangle Park North Carolina 27709, US GlaxoSmithKline ADDRESS 3 Five Moore Drive, PO Box 13398 FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL FAMILY NAME **FULL NAME SAMANO** Vicente OF INVENTOR Signature INVENTOR'S **SIGNATURE**

NC

CITY

STATE OR FOREIGN COUNTRY

Research Triangle Park

COUNTRY OF CITIZENSHIP

STATE & ZIP CODE/COUNTRY

North Carolina 27709, US

US

Five Moore Drive, PO Box 13398

CITY

Durham

POST OFFICE ADDRESS

GlaxoSmithKline

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POST OFFICE

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ATTORNEY'S DOCKET COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT PU4724USw APPLICATION WITH POWER OF ATTORNEY First Names Inventor: David Gene BARRETT Complete if known: App No.:) Declaration submitted with initial filing or Filing Date) Declaration submitted after initial filing (surcharge required 37CFR1.16(e)) Group Art Unit: As below named inventor. I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: DERIVATIVES OF 1-(OXOAMINOACETYL) PENTYLCARBAMATE AS CATHEPSIN K INHIBITORS FOR THE TREATMENT OF BONE LOSS the specification of which (check only one item below): [] is attached hereto. OR [X] was filed on 01 April 2003 as United States application Serial No. ______ or PCT International Application Number PCT/US03/09893 filed and was amended on (MM/DD/YYYY) applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56. hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or ventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United tates of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's ertificate or of any PCT international application having a filing date before that of the application on which priority is claimed: RIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119: Foreign Filing Date Prior Foreign Application **PRIORITY** Country (MM/DD/YYYY)) **CLAIMED** Number (s) hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below: Application No. Filing Date (MM/DD/YYYY) 04/10/2002 60/371,524

COMBINED DECLARATION FOR UTILITY or DESIGN 'ATENT APPLICATION WITH POWER OF ATTORNEY Continued

POST OFFICE ADDRESS

GlaxoSmithKline

Five Moore Drive, PO Box 13398

POST OFFICE

ADDRESS

ATTORNEY'S DOCKET NUMBER
PU4724USW

STATE & ZIP CODE/COUNTRY

North Carolina 27709, US

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

RIOR	U.S. PARENT	APPLICATION or PCT PARENT A	PPLICATION	1	-	
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U.S.	Parent Application or Number	PCT Parent Parent Filing I (MM/DD/YY)		PATENTED	PENDING	ABANDONED
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rosecut	e this application ar	: As a named inventor, I hereby appoint the transact all business in the Patent and ad Customer Number 20462				provided below to
ddress	all corresponden	ce and telephone calls to Customer N	umber 23347		Direct Telephone Ca	alls to:
	David J. Levy Corporate Intellect GlaxoSmithKline Five Moore Drive, Research Triangle	tual Property PO Box 13398 Park, NC 27709-3398			919-4	emanowicz 483-8247
		tatements made herein of my own kno				
		nd further that these statements were m				
		ine or imprisonment, or both, under 18 ation or any patent issuing thereon.	3 U.S.C. 1001, a	and that such wil	Iful talse statement	s may jeopardize
	FULL NAME	FAMILY NAME	FIRST GIVEN NAM	ΙE	SECOND GIVEN NAME	ZINITIAL
2	OF INVENTOR	BARRETT Signature	David	···	Gene Date:	
	INVENTOR'S SIGNATURE	Signature			Date:	
0	RESIDENCE &	CITY	STATE OR FOREIGN	N COUNTRY	COUNTRY OF CITIZEN	SIIIP
U	CITIZENSHIP	Norderstedt	DE		US	
	POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/CO	DUNTRY
1	ADDRESS	GlaxoSmithKline	Research Tr	iangle Park	North Carolina	27709, US
		Five Moore Drive, PO Box 13398				
	FULL NAME	FAMILY NAME	FIRST GIVEN NAM	IE	SECOND GIVEN NAME	ZINITIAL
Œ,	OF INVENTOR.	CATALANO \	John		<u>G.)</u>	
1.0	INVENTOR'S SIGNATURE	Signature of S. Catalan	<i></i>		Date:	17, 2004
0	RESIDENCE &	CITY	STATE OR FOREIGN	N COUNTRY	COUNTRY OF CITIZEN	SHIP
Ū	CITIZENSHIP	Durham) L.C.	NC		US	
	POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/CO	DUNTRY
2	ADDRESS	GlaxoSmithKline	Research Tr	iangle Park	North Carolina	27709, US
		Five Moore Drive, PO Box 13398				
	FULL NAME	FAMILY NAME	FIRST GIVEN NAM	IE	SECOND GIVEN NAME	VINITIAL
2	OF INVENTOR	DEATON	David		Norman Date:	
	INVENTOR'S	Signature			Date:	
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U	CITIZENSHIP	Durham	NC		US	
	POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/CO	DUNTRY
3	ADDRESS	GlaxoSmithKline	Research Tr	iangle Park	North Carolina	27709, US
		Five Moore Drive, PO Box 13398				
	FULL NAME	FAMILY NAME	FIRST GIVEN NAM	ie –	SECOND GIVEN NAME	VINITIAL
2	OF INVENTOR	MILLER	Aaron		Bayne	
	INVENTOR'S	Signature			Date:	
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Research Triangle Park

ON	IBINED DE	CLARATION FOR UTIL	ITY or DESIGN	ATTORNEY'S DOCKET NUMBER PU4724USW
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2	FULL NAME OF INVENTOR	RAY	FIRST GIVEN NAME John	SECOND GIVEN NAME/INITIAL A.
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	city Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	crry Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	Five Moore Drive, PO Box 13398 FAMILY NAME SAMANO	FIRST GIVEN NAME Vicente	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	cmy Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US

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ATTORNEY'S DOCKET COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT PU4724USw APPLICATION WITH POWER OF ATTORNEY First Names Inventor: David Gene BARRETT Complete if known: App No.:) Declaration submitted with initial filing or Filing Date) Declaration submitted after initial filing (surcharge required 37CFR1.16(e)) Group Art Unit: As below named inventor. I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: DERIVATIVES OF 1-(OXOAMINOACETYL) PENTYLCARBAMATE AS CATHEPSIN K INHIBITORS FOR THE TREATMENT OF BONE LOSS the specification of which (check only one item below): []is attached hereto. OR [X] was filed on <u>01 April 2003</u> as United States application Serial No. or PCT International Application Number PCT/US03/09893 filed and was amended on (MM/DD/YYYY) applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56. hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or nventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed: PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119: PRIORITY Foreign Filing Date Prior Foreign Application Country (MM/DD/YYYY)) CLAIMED Number (s) hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below: Application No. Filing Date (MM/DD/YYYY) 60/371,524 04/10/2002

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4724USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION O	or PCT PARENT APPLICAT	TON			
			STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	
				·	
OWER OF ATTORNEY: As a named inventorosecute this application and to transact all bus Customer Number 23347 and Customer Number	iness in the Patent and Trademark			provided below to	
Address all correspondence and telephone of	calls to Customer Number 23	347	Direct Telephone Ca	alls to:	
David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-339	8			.emanowicz 483-8247	
hereby declare that all statements made he		true and that all state	ments made on in	formation and belie	

hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so nade are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize he validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BARRETT	David	Gene
-	INVENTOR'S	Signature	Date:	
1	SIGNATURE			1
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
· ·	CITIZENSHIP	Norderstedt	DE	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	113311230	Five Moore Drive, PO Box 13398	9	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CATALANO	John	G.
_	INVENTOR'S	Signature		Date:
	SIGNATURE	7,7		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
-	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
20	OF INVENTOR	DEATON \	David \	Norman \
3-00	INVENTOR'S	Signature		Date: 9/20/2004
	SIGNATURE	Laved Mornan V	-cit	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP US
	CITIZENSHIP	Durham \ \mu.(NC	
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MILLER	Aaron	Bayne
	INVENTOR'S	Signature		Date:
	SIGNATURE		I among an appropriate and a second	COMPANY OF CAMPANY CHAP
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP US
	CITIZENSHIP	Durham	NC	
	POST OFFICE	POST OFFICE ADDRESS	CITY Describe Trionals Book	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	<u> </u>	<u></u>

ATTORNEY'S DOCKET NUMBER COMBINED DECLARATION FOR UTILITY or DESIGN PU4724USw 'ATENT APPLICATION WITH POWER OF ATTORNEY Continued FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL FULL NAME RAYJohn A. OF INVENTOR Signature INVENTOR'S **SIGNATURE** STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & 0 Durham NC US CITIZENSHIP POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE Research Triangle Park North Carolina 27709, US GlaxoSmithKline ADDRESS 3 Five Moore Drive, PO Box 13398 FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL FAMILY NAME **FULL NAME SAMANO** Vicente 2 OF INVENTOR Signature INVENTOR'S SIGNATURE STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITY RESIDENCE & 0 US Durham NC CITIZENSHIP POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE Research Triangle Park North Carolina 27709, US GlaxoSmithKline **ADDRESS** Five Moore Drive, PO Box 13398

ATTORNEY'S DOCKET COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT PU4724USw APPLICATION WITH POWER OF ATTORNEY First Names Inventor: David Gene BARRETT Complete if known: App No.: Declaration submitted with initial filing or Filing Date) Declaration submitted after initial filing (surcharge required 37CFR1.16(e)) Group Art Unit: As below named inventor. I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: DERIVATIVES OF 1-(OXOAMINOACETYL) PENTYLCARBAMATE AS CATHEPSIN K INHIBITORS FOR THE TREATMENT OF BONE LOSS the specification of which (check only one item below): []is attached hereto. OR [X] was filed on 01 April 2003 as United States application Serial No. or PCT International Application Number PCT/US03/09893 filed and was amended on (MM/DD/YYYY) applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56. hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or eventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United tates of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's ertificate or of any PCT international application having a filing date before that of the application on which priority is claimed: RIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119: Foreign Filing Date **PRIORITY** Prior Foreign Application Country (MM/DD/YYYY)) CLAIMED Number (s) hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below: Filing Date (MM/DD/YYYY) Application No. 04/10/2002 60/371,524

COMBINED DECLARATION FOR UTILITY or DESIGN ATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4724USW

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RIOR	U.S. PARENT A	PPLICATION or	PCT PARENT A	PPLICATION			
		,				STATUS (Check	one)
U.S. I	Parent Application or I Number	PCT Parent	Parent Filing D (MM/DD/YYY		PATENTED	PENDING	ABANDONED
OWER	OF ATTORNEY:	As a named invento	r, I hereby appoint th	e practitioners as	sociated with the	Customer Numbers	provided below to
osecut	e this application an		ess in the Patent and				
ddress	David J. Levy Corporate Intellect GlaxoSmithKline Five Moore Drive, I	ual Property	lls to Customer Nu	imber <u>23347</u>			Calls to: Lemanowicz -483-8247
e beli ade ar	eved to be true; an re punishable by fi	d further that these	statements were ma	de with the kno	wledge that wi	Ilful false statemer	
2	FULL NAME OF INVENTOR	FAMILY NAME BARRETT		FIRST GIVEN NAMI David		SECOND GIVEN NAM Gene	EANITIAL
	INVENTOR'S SIGNATURE	Signature				Date:	
Λ	RESIDENCE &	CITY		STATE OR FOREIGN	COUNTRY	COUNTRY OF CITIZE	NSHIP

1	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAMENALITAL
2	OF INVENTOR	BARRETT	David	Gene
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Norderstedt	DE	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
ī	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CATALANO	John	G.
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
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		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DEATON	David	Norman
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
_	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2 D	OF INVENTOR	MILLER	Aaron	Bayne
420	INVENTOR'S	Signature		Date: 09/12/04
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0	RESIDENCE &	Durham	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	19,52	NC	
	POST OFFICE	POST OFFICE ADDRESS	CITY Personal Triangle Paul	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	<u></u>	Five Moore Drive, PO Box 13398	<u> </u>	

ATTORNEY'S DOCKET NUMBER COMBINED DECLARATION FOR UTILITY or DESIGN PU4724USw 'ATENT APPLICATION WITH POWER OF ATTORNEY Continued FIRST GIVEN NAME FAMILY NAME SECOND GIVEN NAME/INITIAL **FULL NAME** OF INVENTOR **RAY** John 2 A. INVENTOR'S Signature Date: **SIGNATURE** STATE OR FOREIGN COUNTRY CITY COUNTRY OF CITIZENSHIP 0 RESIDENCE & Durham NC US CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY POST OFFICE GlaxoSmithKline Research Triangle Park North Carolina 27709, US 3 **ADDRESS** Five Moore Drive, PO Box 13398 FIRST GIVEN NAME FAMILY NAME SECOND GIVEN NAME/INITIAL **FULL NAME SAMANO** 2 OF INVENTOR Vicente INVENTOR'S Signature Date: **SIGNATURE** STATE OR FOREIGN COUNTRY CITY COUNTRY OF CITIZENSHIP **RESIDENCE &** 0 CITIZENSHIP Durham NC US POST OFFICE ADDRESS POST OFFICE STATE & ZIP CODE/COUNTRY GlaxoSmithKline Research Triangle Park North Carolina 27709, US 4 **ADDRESS** Five Moore Drive, PO Box 13398

ATTORNEY'S DOCKET COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT PU4724USw APPLICATION WITH POWER OF ATTORNEY First Names Inventor: David Gene BARRETT Complete if known: App No.:) Declaration submitted with initial filing or Filing Date) Declaration submitted after initial filing (surcharge required 37CFR1.16(e)) Group Art Unit: As below named inventor. I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: DERIVATIVES OF 1-(OXOAMINOACETYL) PENTYLCARBAMATE AS CATHEPSIN K INHIBITORS FOR THE TREATMENT OF BONE LOSS the specification of which (check only one item below): []is attached hereto. OR [X] was filed on 01 April 2003 as United States application Serial No. ______ or PCT International Application Number PCT/US03/09893 filed and was amended on (MM/DD/YYYY) applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56. hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or aventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United tates of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's ertificate or of any PCT international application having a filing date before that of the application on which priority is claimed: 'RIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119: Prior Foreign Application Country Foreign Filing Date **PRIORITY** Number (s) (MM/DD/YYYY)) **CLAIMED** hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below: Application No. Filing Date (MM/DD/YYYY) 60/371,524 04/10/2002

COMBINED DECLARATION FOR UTILITY or DESIGN 'ATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4724USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

RIOR U.S. PARENT APPLICATION	or PCT PARENT APPLICAT	ION			
			STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	
OWER OF ATTORNEY: As a named invertosecute this application and to transact all bustomer Number 23347 and Customer Number 23347.	siness in the Patent and Trademark			provided below to	
ddress all correspondence and telephone	calls to Customer Number 23.	347	Direct Telephone Ca	alls to:	
David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398				emanowicz 483-8247	
Research Triangle Park, NC 27709-339	· · · · · · · · · · · · · · · · · · ·				

hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief re believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so rade are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize re validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BARRETT	David	Gene
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Norderstedt	DE	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
l	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CATALANO	John	G.
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	-	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DEATON	David	Norman
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MILLER	Aaron	Bayne
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC .	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
				<u> </u>

ATTORNEY'S DOCKET NUMBER COMBINED DECLARATION FOR UTILITY or DESIGN PU4724USw 'ATENT APPLICATION WITH POWER OF ATTORNEY Continued FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL FULL NAME FAMILY NAME **RAY** John OF INVENTOR SEPT. 20, 2004 Signature INVENTOR'S **SIGNATURE** STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & Durham US CITIZENSHIP NC POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE CITY ADDRESS GlaxoSmithKline Research Triangle Park North Carolina 27709, US 3 Five Moore Drive, PO Box 13398 FIRST GIVEN NAME FAMILY NAME SECOND GIVEN NAME/INITIAL **FULL NAME SAMANO** Vicente CF INVENTOR Signature **INVENTOR'S SIGNATURE** STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP **RESIDENCE &** Durham NC US CITIZENSHIP POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE CITY GlaxoSmithKline Research Triangle Park North Carolina 27709, US ADDRESS Five Moore Drive, PO Box 13398

10/510469

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT PU4724USw APPLICATION WITH POWER OF ATTORNEY First Names Inventor: David Gene BARRETT Complete if known: App No.:) Declaration submitted with initial filing or) Declaration submitted after initial filing (surcharge required 37CFR1.16(e)) Filing Date Group Art Unit: As below named inventor. I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: DERIVATIVES OF 1-(OXOAMINOACETYL) PENTYLCARBAMATE AS CATHEPSIN K INHIBITORS FOR THE TREATMENT OF BONE LOSS the specification of which (check only one item below): []is attached hereto. [X] was filed on <u>01 April 2003</u> as United States application Serial No. ______ or PCT International Application Number PCT/US03/09893 filed and was amended on (MM/DD/YYYY) applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56. hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or iventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United tates of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's ertificate or of any PCT international application having a filing date before that of the application on which priority is claimed: RIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119: Prior Foreign Application Country Foreign Filing Date **PRIORITY** Number (s) (MM/DD/YYYY)) **CLAIMED** hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below: Application No. Filing Date (MM/DD/YYYY) 60/371,524 04/10/2002

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4724USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

RIOR U.S. PARENT APPLICATION OF	or PCT PARENT APPLICATION	ON	<u> </u>		
	<u> </u>		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	
OWER OF ATTORNEY: As a named inventors are this application and to transact all bust out of Number 23347 and Customer Number 23347.	siness in the Patent and Trademark O		vith		
Address all correspondence and telephone calls to Customer Number 23347 David J. Levy Corporate Intellectual Property GlaxoSmithKline		<u>17</u>	Direct Telephone Calls to: John Lemanowicz 919-483-8247		
Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-339	8				

hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief re believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so nade are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize ne validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BARRETT	David	Gene
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Norderstedt	DE	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
ì	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CATALANO	John	G.
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	_	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DEATON	David	Norman
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	MILLER	Aaron	Bayne
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
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ATTORNEY'S DOCKET NUMBER COMBINED DECLARATION FOR UTILITY or DESIGN PU4724USw PATENT APPLICATION WITH POWER OF ATTORNEY Continued FAMILY NAME FIRST GIVEN NAME FULL NAME SECOND GIVEN NAME/INITIAL John RAY OF INVENTOR A. INVENTOR'S Signature **SIGNATURE** CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 0 **RESIDENCE &** US CITIZENSHIP Durham NC POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE CITY **ADDRESS** GlaxoSmithKline Research Triangle Park North Carolina 27709, US 3 Five Moore Drive, PO Box 13398 FAMILY NAME FIRST GIVENNAME SECOND GIVEN NAME/INITIAL **FULL NAME SAMANO** Vicente OF INVENTOR INVENTOR'S Signature 2004 icente Samano **SIGNATURE** STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITIZENSHIP US Durham NC POST OFFICE ADDRESS POST OFFICE STATE & ZIP CODE/COUNTRY GlaxoSmithKline Research Triangle Park ADDRESS North Carolina 27709, US Five Moore Drive, PO Box 13398

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